

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street) ▼

325 Seventh Street, NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2013

To:

M M	/	D D	/	Y Y Y Y Y
10		31		2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2013</td></tr></table>	Y	Y	Y	Y	Y	2013						<table><tr><td colspan="5">2014670.42</td></tr></table>	2014670.42				
Y	Y	Y	Y	Y													
2013																	
2014670.42																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">2795819.62</td></tr></table>	2795819.62															
2795819.62																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">148725.06</td></tr></table>	148725.06					<table><tr><td colspan="5">1611270.25</td></tr></table>	1611270.25									
148725.06																	
1611270.25																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">2944544.68</td></tr></table>	2944544.68					<table><tr><td colspan="5">3625940.67</td></tr></table>	3625940.67									
2944544.68																	
3625940.67																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">52666.34</td></tr></table>	52666.34					<table><tr><td colspan="5">734062.33</td></tr></table>	734062.33									
52666.34																	
734062.33																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">2891878.34</td></tr></table>	2891878.34					<table><tr><td colspan="5">2891878.34</td></tr></table>	2891878.34									
2891878.34																	
2891878.34																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10	/	01	/	2013

To:

M M	/	D D	/	Y Y Y Y
10	/	31	/	2013

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

97300.41

728118.45

(ii) Unitemized .....

40581.23

296981.39

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

137881.64

1025099.84

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

15000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

137881.64

1040099.84

## 12. Transfers From Affiliated/Other

Party Committees.....

10600.00

567125.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

2000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

243.42

2045.41

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

148725.06

1611270.25

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

148725.06

1611270.25

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	166.34	3416.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	166.34	3416.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	52500.00	730550.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	95.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	95.50
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	52666.34	734062.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52666.34	734062.33

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	137881.64	1040099.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	95.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	137881.64	1040004.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	166.34	3416.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	166.34	3416.83

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 136

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Paul R Bengtson**

Mailing Address PO Box 905

City

Saint Johnsbury

State

VT

Zip Code

05819-0905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northeastern Vermont Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 08 / 2013

Transaction ID : 21193502

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Hoyt Skabelund**

Mailing Address P O Box 1688

City

Clovis

State

NM

Zip Code

88102-1688

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Plains Regional Medical Center

Occupation

Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 02 / 2013

Transaction ID : 21193519

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Trish Hannon FACHE**

Mailing Address 125 Parker Hill Avenue

City

Roxbury Crossing

State

MA

Zip Code

02120-2847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New England Baptist Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 04 / 2013

Transaction ID : 21194047

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

1350.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Nancy L. Shendell-Falik**

Mailing Address 17 Falcon Heights Rd

City

Wilbraham

State

MA

Zip Code

01095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baystate Medical Center

Occupation

Sr. Vice President/ CNO/COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 04 / 2013

**Transaction ID : 21194048**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Ms. Joanne Marqusee**

Mailing Address 585 Lebanon Street

City

Melrose

State

MA

Zip Code

02176-3225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hallmark Health System

Occupation

Executive Vice President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

10 / 04 / 2013

**Transaction ID : 21194049**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**C. Mr. John M Fogarty**

Mailing Address 41 Alfred Drowne Rd

City

Barrington

State

RI

Zip Code

02806-1805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beth Israel Deaconess Hospital-Needham

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

10 / 04 / 2013

**Transaction ID : 21194050**

Amount of Each Receipt this Period

562.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Timothy J Tracy**

Mailing Address 20 South Plum Street

City  
VermillionState  
SDZip Code  
57069-3346FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Vermillion Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 04 / 2013

Transaction ID : 21194057

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Mr. Joe Sluka Jr.**

Mailing Address 5030 Autumn Place

City  
Rapid CityState  
SDZip Code  
57702-9275FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Health

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 04 / 2013

Transaction ID : 21194058

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Debbie Howe**

Mailing Address 3701 East Main Street

City  
WeatherfordState  
OKZip Code  
73096-3309FEC ID number of contributing  
federal political committee.

C

Name of Employer

Weatherford Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2013

Transaction ID : 21194069

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James Igo**

Mailing Address 5100 N Brookline Avenue

City State Zip Code  
Oklahoma City OK 73112-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INTEGRIS Health

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2013

**Transaction ID : 21194070**

Amount of Each Receipt this Period

100.50

Full Name (Last, First, Middle Initial)

**B. Mr. Corey Lively**

Mailing Address 429 West Elm Street

City State Zip Code  
Hobart OK 73651-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Elkview General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2013

**Transaction ID : 21194071**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Charles E Skillings**

Mailing Address 1102 West MacArthur Street

City State Zip Code  
Shawnee OK 74804-1744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony Shawnee Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2013

**Transaction ID : 21194074**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Daryle Voss FACHE**

Mailing Address 604 Pebble Creek Drive

City State Zip Code  
Ardmore OK 73401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Hospital Ardmore

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2013

**Transaction ID : 21194076**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Charles Powell**

Mailing Address 2802 Woodcrest Court

City State Zip Code  
Prospect KY 40059-7130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KentuckyOne

Occupation  
President of Physician Enterprise

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2013

**Transaction ID : 21194077**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Barbara Reynolds**

Mailing Address One St Joseph Drive

City State Zip Code  
Lexington KY 40504-3742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Joseph Hospital

Occupation  
Vice President/ Medical Affairs & Qual

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2013

**Transaction ID : 21194078**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

925.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Stephen Toadvine MD**

Mailing Address 1 Trillium Way

City  
Corbin

State  
KY

Zip Code  
40701-8426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hardin Memorial Hospital

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

10 / 08 / 2013

**Transaction ID : 21194081**

Amount of Each Receipt this Period

212.50

Full Name (Last, First, Middle Initial)

**B. Mr. Steven S Grinnell**

Mailing Address 3941 Alameda Cres

City  
Paducah

State  
KY

Zip Code  
42001-6511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lourdes Hospital

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 08 / 2013

**Transaction ID : 21194083**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Mr. Stephen A Estes**

Mailing Address P O Box 1310

City  
Mount Vernon

State  
KY

Zip Code  
40456-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockcastle Regional Hospital and Respi

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 08 / 2013

**Transaction ID : 21194084**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1012.50

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Kevin Halter**

Mailing Address 105 Stoneybrook

City State Zip Code  
 Ashland KY 41101-2159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Our Lady of Bellefonte Hospital

Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 08 / 2013

**Transaction ID : 21194085**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Col Jerome Penner**

Mailing Address 803 Poplar Street

City State Zip Code  
 Murray KY 42071-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Murray-Calloway County Hospital

Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 08 / 2013

**Transaction ID : 21194086**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. David L Brash**

Mailing Address 1990 Holton Avenue East

City State Zip Code  
 Big Stone Gap VA 24219-3350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Wellmont Lonesome Pine Hospital

Occupation  
 Interim President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 01 / 2013

**Transaction ID : 21194794**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Richard L Haushalter**

Mailing Address 2010 Health Campus Drive

City

Harrisonburg

State

VA

Zip Code

22801-3293

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockingham Memorial Hospital

Occupation

Senior Vice President Operations and C

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 01 / 2013

**Transaction ID : 21194795**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Joseph Ingold**

Mailing Address 17613 Underwood Ct

City

Rockville

State

VA

Zip Code

23146-1652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours Health System, Inc.

Occupation

Vice President Integration

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 01 / 2013

**Transaction ID : 21194796**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**c. Mr. Jon Oravec**

Mailing Address 885 Sweetbriar Street

City

Manassas

State

VA

Zip Code

20110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Fairfax Hospital

Occupation

Assistant Vice President Human Resourc

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 01 / 2013

**Transaction ID : 21194798**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1050.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Heather S Shepardson**

Mailing Address 1355 S. Main Street

City

Rocky Mount

State

VA

Zip Code

24151-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Director Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2013

**Transaction ID : 21194801**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Paul Westbrook**

Mailing Address 11604 Choir Lane

City

Fairfax Station

State

VA

Zip Code

22039-1712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Vice President, Patient Experience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2013

**Transaction ID : 21194802**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ms. Cindy A. Alloway**

Mailing Address 21046 Arbor Ct

City

Elkhorn

State

NE

Zip Code

68022-2312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alegent Creighton Health Lakeside Hosp

Occupation

Vice President and Chief Operating Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2013

**Transaction ID : 21194807**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jeffrey A. Mero**

Mailing Address 23123- 23rd Avenue

City State Zip Code  
 Brier WA 98036-8383

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Association of WA Public Hospital Dist

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
 10 / 07 / 2013

**Transaction ID : 21194840**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Kimberly Moore MD**

Mailing Address 22 130th Ave SE

City State Zip Code  
 Bellevue WA 98005-3626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franciscan Health System

Occupation

Vice President & Associate CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
 10 / 07 / 2013

**Transaction ID : 21194841**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Richard Petrich**

Mailing Address 1149 Market Street

City State Zip Code  
 Tacoma WA 98402-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franciscan Health System

Occupation

Vice President, Planning & Bus Dev.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
 10 / 07 / 2013

**Transaction ID : 21194842**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Dennis Popp**

Mailing Address 34515 9th Avenue South

City State Zip Code  
 Federal Way WA 98003-6761

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Elizabeth Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 07 2013

Transaction ID : 21194843

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Forrest Ehlinger**

Mailing Address 2520 Cherry Avenue

City State Zip Code  
 Bremerton WA 98310-4229

FEC ID number of contributing federal political committee.

C

Name of Employer

Harrison Medical Center

Occupation

Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 07 2013

Transaction ID : 21194844

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr. George J Brown , M.D.**

Mailing Address 376 NW 81st Pl

City State Zip Code  
 Portland OR 97229-6777

FEC ID number of contributing federal political committee.

C

Name of Employer

Legacy Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 07 2013

Transaction ID : 21194845

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jonathan Avery**

Mailing Address 2211 Northeast 139th Street

City

Vancouver

State

WA

Zip Code

98686-2742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Salmon Creek Medical Center

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 07 / 2013

**Transaction ID : 21194846**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Stuart Hennessey**

Mailing Address 1615 Delaware Street

City

Longview

State

WA

Zip Code

98632-2367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth St. John Medical Center

Occupation

Senior Vice President Legal Services a

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 07 / 2013

**Transaction ID : 21194847**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Elaine Dunda**

Mailing Address 3394 Hampton Way

City

Eugene

State

OR

Zip Code

97401-7085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

Senior Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 07 / 2013

**Transaction ID : 21194848**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr Alexander Jackson**

Mailing Address PO Box 406

City

Spokane

State

WA

Zip Code

99210-0406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Sacred Heart Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2013

Transaction ID : 21194849

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Syd Bersante**

Mailing Address 3202 Loma Court, NE

City

Tacoma

State

WA

Zip Code

98422-2742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph Medical Center

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2013

Transaction ID : 21194850

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. John Vassall MD**

Mailing Address 747 Broadway

City

Seattle

State

WA

Zip Code

98122-4379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Swedish Medical Center-Cherry Hill Cam

Occupation

Chief Medical Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2013

Transaction ID : 21194851

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Robin Robertson**

Mailing Address 300 Elliott Avenue West, Suite 300

City  
Seattle

State  
WA

Zip Code  
98119-4122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

Vice President WHS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 07 / 2013

**Transaction ID : 21194852**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Katie Holmes**

Mailing Address 300 Elliott Avenue West, Suite 300

City  
Seattle

State  
WA

Zip Code  
98119-4122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 07 / 2013

**Transaction ID : 21194853**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Mr. Robert H Malte**

Mailing Address 22527 NE 140th Way

City  
Woodinville

State  
WA

Zip Code  
98077-7340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EvergreenHealth

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2013

**Transaction ID : 21194854**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Mark C. Adams MD**

Mailing Address 1717 South J Street

City

Tacoma

State

WA

Zip Code

98405-4933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Francis Hospital

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2013

**Transaction ID : 21194855**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Glen Marshall**

Mailing Address 900 South Auburn Street  
P.O. Box 6128

City

Kennewick

State

WA

Zip Code

99336-5621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kennewick General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2013

**Transaction ID : 21194856**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr. Gregory D Sawyer MD, PhD**

Mailing Address 2811 Tieton Drive

City

Yakima

State

WA

Zip Code

98902-3761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

Vice President Physician Practices

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2013

**Transaction ID : 21194857**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Marcel C Loh FACHE**

Mailing Address 500 17th Avenue

City  
Seattle

State  
WA

Zip Code  
98122-5711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Swedish Health Services

Occupation  
Chief Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2013

**Transaction ID : 21194858**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas A Biga**

Mailing Address 29 Highand Avenue

City

Fair Haven

State

NJ

Zip Code

07704-3620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Barnabas Health

Occupation  
Executive Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2013

**Transaction ID : 21194861**

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

**C. Ms. Hoda Blau**

Mailing Address 401 Long Hill Drive

City

Short Hills

State

NJ

Zip Code

07078-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2013

**Transaction ID : 21194863**

Amount of Each Receipt this Period

227.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1377.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Keith Boroch**

Mailing Address 5440 Weyhill Lane

City

Doylestown

State

PA

Zip Code

18902-8701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

10 / 11 / 2013

**Transaction ID : 21194864**

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**B. Ms. Theresa L. Edelstein**

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

10 / 11 / 2013

**Transaction ID : 21194871**

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**C. Mr. Matthew Fulton**

Mailing Address 125 Oak Ridge Avenue

City

Summit

State

NJ

Zip Code

07901-4308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

10 / 11 / 2013

**Transaction ID : 21194874**

Amount of Each Receipt this Period

227.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

559.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.32

Date of Receipt

10 / 11 / 2013

**Transaction ID : 21194879**

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**B. Ms. Sarah Lechner**

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.75

Date of Receipt

10 / 11 / 2013

**Transaction ID : 21194884**

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**C. Mr. David Mebane**

Mailing Address 712 Forest Avenue

City

Westfield

State

NJ

Zip Code

07090-4323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

Senior Vice President Legal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

10 / 11 / 2013

**Transaction ID : 21194886**

Amount of Each Receipt this Period

227.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

240.50

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John Monahan**

Mailing Address 25 Crystal Rock Road

City

Sparta

State

NJ

Zip Code

07871-3753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

SVP Corporate Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

10 / 11 / 2013

**Transaction ID : 21194888**

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**B. Mr. Barry H. Ostrowsky**

Mailing Address 448 Harding Drive

City

South Orange

State

NJ

Zip Code

07079-1319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

10 / 11 / 2013

**Transaction ID : 21194893**

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

**C. Mr. Roger D. Sarao Jr.**

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.50

Date of Receipt

10 / 11 / 2013

**Transaction ID : 21194896**

Amount of Each Receipt this Period

6.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

884.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Eileen Urban**

Mailing Address P.O. Box 2

City

New Vernon

State

NJ

Zip Code

07976-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

SVP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

10 / 11 / 2013

**Transaction ID : 21194903**

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**B. Dr. David C Pate MD, JD**

Mailing Address PO Box 20269

City

Houston

State

TX

Zip Code

77225-0269

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Luke's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2013

**Transaction ID : 21195017**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jon Ness**

Mailing Address 1682 Tullis Drive

City

Coeur D Alene

State

ID

Zip Code

83815-8481

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kootenai Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2013

**Transaction ID : 21195018**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1227.50

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. J. Robert Polk**

Mailing Address 1627 Ridgecliff Lane

City

Boise

State

ID

Zip Code

83702-3049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Alphonsus Regional Medical Cente

Occupation

Vice President, Quality and Patient Sa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 07 / 2013

**Transaction ID : 21195019**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. Timothy L Charles**

Mailing Address 701 Tenth Street SE

City

Cedar Rapids

State

IA

Zip Code

52403-1251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center-Cedar Rapids

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 08 / 2013

**Transaction ID : 21202804**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mr. Clinton J Christianson FACHE**

Mailing Address 1 St Joseph's Drive

City

Centerville

State

IA

Zip Code

52544-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center-Centerville

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 08 / 2013

**Transaction ID : 21202806**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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1150.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Diane Fischels**

Mailing Address 1791 Springview Dr.

City State Zip Code  
Mason City IA 50401-4759

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-North Iowa

Occupation  
VP, Organizational Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2013

**Transaction ID : 21202807**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Daniel Varnum**

Mailing Address 1111 6th Avenue

City State Zip Code  
Des Moines IA 50314-2610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Medical Center-North Iowa

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2013

**Transaction ID : 21202808**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. William B Leaver**

Mailing Address 1200 Pleasant Street

City State Zip Code  
Des Moines IA 50309-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UnityPoint Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2013

**Transaction ID : 21204979**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Mary Ann Osborn RN, MA**

Mailing Address 1026 A Avenue

City

Cedar Rapids

State

IA

Zip Code

52402-5036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UnityPoint Health - St. Luke's

Occupation

Vice President, Chief Clinical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2013

Transaction ID : 21204982

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Theodore E Townsend FACHE**

Mailing Address 1795 Highway 64 East

City

Anamosa

State

IA

Zip Code

52205-2112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UnityPoint Health - St. Luke's

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 08 / 2013

Transaction ID : 21204983

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

**C. Mr. Francis G Tramp**

Mailing Address 1600 Diamond Street

City

Onawa

State

IA

Zip Code

51040-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Burgess Health Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 08 / 2013

Transaction ID : 21204985

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1175.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Joan Bierman**

Mailing Address 300 Sioux Valley Drive

City

Cherokee

State

IA

Zip Code

51012-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cherokee Regional Medical Center

Occupation

Vice President Finance

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.13

Date of Receipt

10 / 08 / 2013

Transaction ID : 21204995

Amount of Each Receipt this Period

250.13

Full Name (Last, First, Middle Initial)

**B. Mr. John M Comstock**

Mailing Address 300 Sioux Valley Drive

City

Cherokee

State

IA

Zip Code

51012-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cherokee Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2013

Transaction ID : 21204996

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jeff Nolder**

Mailing Address 300 Sioux Valley Drive

City

Cherokee

State

IA

Zip Code

51012-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cherokee Regional Medical Center

Occupation

Vice President Clinical Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

202.40

Date of Receipt

10 / 08 / 2013

Transaction ID : 21204997

Amount of Each Receipt this Period

202.40

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

702.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Scott A Curtis**

Mailing Address 1515 South Phillips Street

City

Algona

State

IA

Zip Code

50511-3649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kossuth Regional Health Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 08 / 2013

Transaction ID : 21205000

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Brian Dieter**

Mailing Address 1111 Duff Avenue

City

Ames

State

IA

Zip Code

50010-5745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Greeley Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2013

Transaction ID : 21205002

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Sean J Williams**

Mailing Address 1410 North Fourth Street

City

Clinton

State

IA

Zip Code

52732-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center-Clinton

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2013

Transaction ID : 21205003

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Michael A Romano MD**

Mailing Address P O Box 2C

City

Council Bluffs

State

IA

Zip Code

51502-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Methodist Jennie Edmundson Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2013

**Transaction ID : 21205004**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Rose Fowler MS, OTR**

Mailing Address 515 College Street

City

Cedar Falls

State

IA

Zip Code

50613-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sartori Memorial Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2013

**Transaction ID : 21205005**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Eric Briesemeister**

Mailing Address 1795 Highway 64 East

City

Anamosa

State

IA

Zip Code

52205-2112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UnityPoint Health - Jones Regional Med

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2013

**Transaction ID : 21205010**

Amount of Each Receipt this Period

250.00

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**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Todd C Linden**

Mailing Address 210 Fourth Avenue

City

Grinnell

State

IA

Zip Code

50112-1886

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grinnell Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2013

**Transaction ID : 21205012**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Michael D Myers**

Mailing Address 40 First Street SE

City

Waukon

State

IA

Zip Code

52172-2022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Veterans Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2013

**Transaction ID : 21205014**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jody J Jenner**

Mailing Address 1801 Hickman Road

City

Des Moines

State

IA

Zip Code

50314-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Broadlawns Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2013

**Transaction ID : 21205017**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. C James Platt**

Mailing Address P O Box 174

City

Fort Madison

State

IA

Zip Code

52627-0174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fort Madison Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2013

**Transaction ID : 21205021**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. James Fitzpatrick**

Mailing Address 1111 6th Ave  
Ste 201

City

Des Moines

State

IA

Zip Code

50314-2610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Health Network - Central Iowa

Occupation

Senior Vice President Network Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2013

**Transaction ID : 21205022**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mr. David H Vellinga FACHE**

Mailing Address 1111 6th Avenue

City

Des Moines

State

IA

Zip Code

50314-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center - West Lakes

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2013

**Transaction ID : 21205023**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Dale Andres DO**

Mailing Address 1111 6th Avenue

City

Des Moines

State

IA

Zip Code

50314-2610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center-Des Moines

Occupation

Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.97

Date of Receipt

10 / 08 / 2013

Transaction ID : 21205024

Amount of Each Receipt this Period

294.97

Full Name (Last, First, Middle Initial)

**B. Mr. Gary W Pulsipher**

Mailing Address 2613 Waters Edge Boulevard

City

Joplin

State

MO

Zip Code

64804-4881

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Hospital Joplin

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

10 / 03 / 2013

Transaction ID : 21205551

Amount of Each Receipt this Period

675.00

Full Name (Last, First, Middle Initial)

**C. Ms. Mary C. Becker**

Mailing Address 7800 South Eagle Road

City

Columbia

State

MO

Zip Code

65203-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Senior VP, Commc. & Health Improvement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 07 / 2013

Transaction ID : 21205557

Amount of Each Receipt this Period

37.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1007.47

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Herb B. Kuhn**

Mailing Address 5310 Saddlebrooke Lane

City	State	Zip Code
Lohman	MO	65053-9353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2013

**Transaction ID : 21205564**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mr. Daniel R. Landon**

Mailing Address 1811 Forest Park Court

City	State	Zip Code
Jefferson City	MO	65109-9782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2013

**Transaction ID : 21205565**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Mr. Stephen M. Ahnen**

Mailing Address 125 Airport Road

City	State	Zip Code
Concord	NH	03301-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2013

**Transaction ID : 21205580**

Amount of Each Receipt this Period

45.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

245.50

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Paula Minnehan**

Mailing Address 283 Gallopiny Hill Road

City	State	Zip Code
Hopkinton	NH	03229-3402

FEC ID number of contributing federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2013

Transaction ID : 21205581

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**B. Ms. Leslie K. Melby**

Mailing Address 375 Farrington Colner Road

City	State	Zip Code
Hopkinton	NH	03229-2021

FEC ID number of contributing federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2013

Transaction ID : 21205582

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**C. Mr. Steven D Wilkinson**

Mailing Address 5721 West 119th Street

City	State	Zip Code
Overland Park	KS	66209-3722

FEC ID number of contributing federal political committee.

C

Name of Employer

Menorah Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2013

Transaction ID : 21205596

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

282.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mitchell L Wasden EdD**

Mailing Address 2104 Port Townsend Ct

City  
Columbia

State  
MO

Zip Code  
65203-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Missouri Health Care

Occupation

Chief Executive Officer and Chief Oper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2013

**Transaction ID : 21205603**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Harold Moad**

Mailing Address 429 West Elm Street

City  
Hobart

State  
OK

Zip Code  
73651-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Elkview General Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 01 / 2013

**Transaction ID : 21205610**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Theresa M. Ahern**

Mailing Address 22 Kate's Glen

City  
Plymouth

State  
MA

Zip Code  
02360-8264

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cape Cod Healthcare, Inc.

Occupation

Strategy and Community, Gov't Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

10 / 11 / 2013

**Transaction ID : 21205614**

Amount of Each Receipt this Period

262.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

762.50

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Donald Guadagnoli MD**

Mailing Address 15 Abegale Snow Road

City

West Barnstable

State

MA

Zip Code

02668-1378

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cape Cod Healthcare, Inc.

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 11 / 2013

**Transaction ID : 21205616**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Mr. John Lipomi**

Mailing Address 308 Carin Ridge Rd

City

East Falmouth

State

MA

Zip Code

02536-7930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cape Cod Healthcare, Inc.

Occupation

Senior Vice President Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 11 / 2013

**Transaction ID : 21205624**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Mr. Arthur Mombourquette**

Mailing Address 8 Saw Mill Lane

City

Medfield

State

MA

Zip Code

02052-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cape Cod Healthcare, Inc.

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 11 / 2013

**Transaction ID : 21205625**

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1125.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Gary L Gottlieb MD, MBA**

Mailing Address 800 Boylston Street, Suite 1150

City  
Boston

State  
MA

Zip Code  
02199-8123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Partners HealthCare System, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

10 / 11 / 2013

Transaction ID : 21205626

Amount of Each Receipt this Period

1125.00

Full Name (Last, First, Middle Initial)

**B. Mr. John Szum**

Mailing Address 3 Windsor Road

City

East Walpole

State

MA

Zip Code

02032-1359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Care Group, Inc.

Occupation

Executive Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 11 / 2013

Transaction ID : 21205628

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Ms. Karen S Nelson RN, MPA**

Mailing Address 125 Nashua St

City

Boston

State

MA

Zip Code

02114-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Partners Continuing Care

Occupation

Vice President of Quality, Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 11 / 2013

Transaction ID : 21205629

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Patricia Davis**

Mailing Address 816 Cedarbrook Drive

City State Zip Code  
 Norman OK 73072-4242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oklahoma Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

10 / 16 / 2013

**Transaction ID : 21205648**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. LaWanna S. Halstead RN, MPH**

Mailing Address 4000 Lincoln Boulevard

City State Zip Code  
 Oklahoma City OK 73105-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oklahoma Hospital Association

Occupation

VP, Quality & Clinical Initiatives

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 16 / 2013

**Transaction ID : 21205650**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Rick Snyder**

Mailing Address 4000 Lincoln Boulevard

City State Zip Code  
 Oklahoma City OK 73105-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oklahoma Hospital Association

Occupation

Vice President, Finance & Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 16 / 2013

**Transaction ID : 21205655**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Lynne Stewart White**

Mailing Address 4000 Lincoln Boulevard

City

Oklahoma City

State

OK

Zip Code

73105-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oklahoma Hospital Association

Occupation

Director of Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 16 / 2013

**Transaction ID : 21205658**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Mary Winters**

Mailing Address 7750 N Chisholm Hill Rd

City

Yukon

State

OK

Zip Code

73099-9134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oklahoma Hospital Association

Occupation

VP Education & Support Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 16 / 2013

**Transaction ID : 21205660**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Theresa L. Edelstein**

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

10 / 04 / 2013

**Transaction ID : 21205678**

Amount of Each Receipt this Period

13.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

763.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Joshua Eisenberg MD**

Mailing Address 11 Great Hills Road

City

New Hope

State

PA

Zip Code

18938-9283

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Health

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

10 / 04 / 2013

Transaction ID : 21205679

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**B. Mr. Michael A. Guerriero**

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.50

Date of Receipt

10 / 04 / 2013

Transaction ID : 21205682

Amount of Each Receipt this Period

162.50

Full Name (Last, First, Middle Initial)

**C. Mr. Leslie D Hirsch FACHE**

Mailing Address 28 MacKenzie Lane North

City

Denville

State

NJ

Zip Code

07834-2954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Clare's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.54

Date of Receipt

10 / 04 / 2013

Transaction ID : 21205683

Amount of Each Receipt this Period

26.54

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

416.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.82

Date of Receipt

10 / 04 / 2013

**Transaction ID : 21205684**

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. Ms. Sarah Lechner**

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.25

Date of Receipt

10 / 04 / 2013

**Transaction ID : 21205686**

Amount of Each Receipt this Period

32.50

Full Name (Last, First, Middle Initial)

**C. Mr. Roger D. Sarao Jr.**

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

10 / 04 / 2013

**Transaction ID : 21205688**

Amount of Each Receipt this Period

136.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

234.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas Volpe**

Mailing Address 31 Millbrook Circle

City

Norwood

State

NJ

Zip Code

07648-2409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Englewood Hospital and Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 04 / 2013

**Transaction ID : 21205692**

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

**B. Mr. John Bomher**

Mailing Address 1151 E. Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Senior VP, Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2013

**Transaction ID : 21205867**

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**C. Mr. Vincent Bufalino**

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2013

**Transaction ID : 21205868**

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Elizabeth Calby**

Mailing Address 181 Gage Road

City  
Riverside

State  
IL

Zip Code  
60546-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Good Samaritan Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2013

**Transaction ID : 21205869**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Ms. Sandra D. Churchill**

Mailing Address 448 Praire Knoll Drive

City  
Naperville

State  
IL

Zip Code  
60565-4155

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Good Samaritan Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2013

**Transaction ID : 21205870**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**c. Mr. Brad Copple**

Mailing Address P O Box 707

City  
Dekalb

State  
IL

Zip Code  
60115-0707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kishwaukee Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2013

**Transaction ID : 21205875**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James Dan**

Mailing Address 511 Forest Mews

City

Oak Brook

State

IL

Zip Code

60523-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 15 / 2013

**Transaction ID : 21205876**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**B. Dr. Charles Derus MD**

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Good Samaritan Hospital

Occupation

Vice President Medical Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 15 / 2013

**Transaction ID : 21205877**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Englehart**

Mailing Address 12840 Sycamore

City

Palos Heights

State

IL

Zip Code

60463-1939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate South Suburban Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 15 / 2013

**Transaction ID : 21205879**

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Richard Heim**

Mailing Address 3815 Highland Avenue

City

Downers Grove

State

IL

Zip Code

60515-1590

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate South Suburban Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 15 / 2013

Transaction ID : 21205883

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**B. Mr. Joe Holler**

Mailing Address P O Box 3015

City

Naperville

State

IL

Zip Code

60566-7015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 15 / 2013

Transaction ID : 21205885

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Ms. Denise Keefe**

Mailing Address 4 Hawkins Circle

City

Wheaton

State

IL

Zip Code

60187-8466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 15 / 2013

Transaction ID : 21205886

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Karen A Lambert**

Mailing Address 450 West Highway 22

City

Barrington

State

IL

Zip Code

60010-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Good Shepherd Hospital

Occupation

President

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 15 / 2013

Transaction ID : 21205893

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**B. Dr. Kevin Most DO**

Mailing Address 25 North Winfield Road

City

Winfield

State

IL

Zip Code

60190-1295

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central DuPage Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 15 / 2013

Transaction ID : 21205896

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin P Poorten**

Mailing Address P O Box 707

City

Dekalb

State

IL

Zip Code

60115-0707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kish Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 15 / 2013

Transaction ID : 21205901

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional)..... ►

2400.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Dr. Lee Sacks MD**

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Executive Vice President and Chief Med

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2013

Transaction ID : 21205902

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. Mr. William P Santulli**

Mailing Address 732 Thurlow Street

City

Hinsdale

State

IL

Zip Code

60521-4326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2013

Transaction ID : 21205903

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Mr. Larry P Schumacher RN, MSN, F**

Mailing Address 2024 S Illini Rdt

City

Springfield

State

IL

Zip Code

62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospital Sisters Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2013

Transaction ID : 21205904

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Bruce Smith**

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Senior Vice President and Chief Inform

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 15 / 2013

**Transaction ID : 21205905**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**B. Ms. Jen Chahanovich**

Mailing Address 98-1079 Moanalua Road

City

Aiea

State

HI

Zip Code

96701-4713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pali Momi Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 16 / 2013

**Transaction ID : 21206243**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Ms. Margaret Shawn Smothers**

Mailing Address P O Box 697

City

Kenmare

State

ND

Zip Code

58746-0697

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kenmare Community Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 16 / 2013

**Transaction ID : 21206251**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1425.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David P Gehant**

Mailing Address 1100 Balsam Avenue

City

Boulder

State

CO

Zip Code

80304-3404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boulder Community Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 16 / 2013

Transaction ID : 21206269

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. David L Albrecht**

Mailing Address 2250 NW 26th Street

City

Owatonna

State

MN

Zip Code

55060-5503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Owatonna Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 16 / 2013

Transaction ID : 21206273

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**c. Mr. Matthew L Anderson JD**

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Regulatory/Strategic A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.42

Date of Receipt

10 / 16 / 2013

Transaction ID : 21206274

Amount of Each Receipt this Period

138.45

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

413.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Debra K Boardman FACHE**

Mailing Address 750 East 34th Street

City  
Hibbing

State  
MN

Zip Code  
55746-2341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Range Regional Health Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

10 / 16 / 2013

**Transaction ID : 21206280**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Mr. Craig J Broman MHA, FACHE**

Mailing Address 1406 Sixth Avenue North

City

Saint Cloud

State

MN

Zip Code

56303-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Cloud Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

10 / 16 / 2013

**Transaction ID : 21206282**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Mr. James Davis**

Mailing Address 1406 Sixth Avenue North

City

Saint Cloud

State

MN

Zip Code

56303-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CentraCare Health

Occupation

Vice President Corporate Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 16 / 2013

**Transaction ID : 21206285**

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Ty W Erickson**

Mailing Address 1175 Nininger Road

City

Hastings

State

MN

Zip Code

55033-1056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regina Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

10 / 16 / 2013

Transaction ID : 21206286

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Ms. Ann Gibson**

Mailing Address 2550 University Avenue W.  
Suite 350-S

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

10 / 16 / 2013

Transaction ID : 21206289

Amount of Each Receipt this Period

99.13

Full Name (Last, First, Middle Initial)

**C. Mr. Greg Klugherz**

Mailing Address 1406 Sixth Avenue North

City

Saint Cloud

State

MN

Zip Code

56303-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Cloud Hospital

Occupation

Vice President Corporate Services and

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

10 / 16 / 2013

Transaction ID : 21206293

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

319.13

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Benjamin Koppelman**

Mailing Address 600 Pleasant Avenue

City

Park Rapids

State

MN

Zip Code

56470-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph's Area Health Services

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

10 / 16 / 2013

Transaction ID : 21206294

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Mr. Frank Lawatsch**

Mailing Address 1815 Wisconsin Avenue

City

Benson

State

MN

Zip Code

56215-1653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Swift County-Benson Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.50

Date of Receipt

10 / 16 / 2013

Transaction ID : 21206297

Amount of Each Receipt this Period

32.50

Full Name (Last, First, Middle Initial)

**c. Ms. Mary B Maertens FACHE**

Mailing Address 300 South Bruce Street

City

Marshall

State

MN

Zip Code

56258-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avera Marshall Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

10 / 16 / 2013

Transaction ID : 21206299

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

52.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Lawrence J Massa**

Mailing Address 2550 University Avenue West, Suite

City

Saint Paul

State

MN

Zip Code

55114-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

892.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

**Transaction ID : 21206300**

Amount of Each Receipt this Period

350.01

Full Name (Last, First, Middle Initial)

**B. Mr. Dennis C Miley**

Mailing Address 200 West 1st Street

City

Paynesville

State

MN

Zip Code

56362-1445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Paynesville Area Health Care System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

**Transaction ID : 21206302**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Bill Nelson**

Mailing Address 200 North Elm Street

P.O. Box A

City

Onamia

State

MN

Zip Code

56359-7901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mille Lacs Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

**Transaction ID : 21206303**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

625.01

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Keith Okeson**

Mailing Address 715 Delmore Avenue

City

Roseau

State

MN

Zip Code

56751-1534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifeCare Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

10 / 16 / 2013

Transaction ID : 21206304

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Ben Peltier**

Mailing Address 2550 University Avenue W.  
Suite 350-S

City

Saint Paul

State

MN

Zip Code

55114-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Legal Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.47

Date of Receipt

10 / 16 / 2013

Transaction ID : 21206306

Amount of Each Receipt this Period

115.41

Full Name (Last, First, Middle Initial)

## **C. Dr. Terence Pladson MD**

Mailing Address 1406 Sixth Avenue North

City

Saint Cloud

State

MN

Zip Code

56303-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CentraCare Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

10 / 16 / 2013

Transaction ID : 21206307

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.41



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Mary J Ruyter**

Mailing Address 1430 North Highway

City	State	Zip Code
Jackson	MN	56143-1093

FEC ID number of contributing federal political committee.

C

Name of Employer  
Sanford Jackson Medical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

Transaction ID : 21206308

Amount of Each Receipt this Period

160.00

Full Name (Last, First, Middle Initial)

**B. Mr. Carl P Vaagenes**

Mailing Address 111 17th Avenue East

City	State	Zip Code
Alexandria	MN	56308-5273

FEC ID number of contributing federal political committee.

C

Name of Employer  
Douglas County Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

Transaction ID : 21206320

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Ms. Kimber L Wraalstad FACHE**

Mailing Address 515 5th Avenue West

City	State	Zip Code
Grand Marais	MN	55604-3017

FEC ID number of contributing federal political committee.

C

Name of Employer  
Cook County North Shore Hospital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

Transaction ID : 21206331

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ▶

420.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Marijo Lecker**

Mailing Address 459 Locust Avenue

City

Charlottesville

State

VA

Zip Code

22902-9940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martha Jefferson Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 17 / 2013

Transaction ID : 21208382

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **B. Mr. David Schulke**

Mailing Address 155 N. Wacker Dr.

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.40

Date of Receipt

10 / 18 / 2013

Transaction ID : 21208493

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

## **C. Mr. Peter Adler**

Mailing Address 1115 SE 164th Ave

City

Vancouver

State

WA

Zip Code

98683-9324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

Senior Vice President Strategy, Innova

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 21213999

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

488.47

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kathy Bressler**

Mailing Address 11315 Bridgeport Way SW

City State Zip Code  
Tacoma WA 98499-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Clare Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

**Transaction ID : 21214000**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Laurie Brown**

Mailing Address PO Box 2197

City State Zip Code  
Tacoma WA 98401-2197

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franciscan Health System

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

**Transaction ID : 21214001**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Andrew Busz**

Mailing Address 300 Elliott Avenue West  
Suite 300

City State Zip Code  
Seattle WA 98119-4198

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

Director, Financial Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

**Transaction ID : 21214002**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Mary Kay Clunies-Ross**

Mailing Address 300 Elliott Avenue West, Suite 300

City  
Seattle

State  
WA

Zip Code  
98119-4122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

VP Communications & Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 21214064

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Tim Cooper**

Mailing Address 723 Memorial Street

City

Prosser

State

WA

Zip Code

99350-1524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PMH Medical Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 21214065

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Sandra Dahl**

Mailing Address 5502 Webster Avenue

City

Yakima

State

WA

Zip Code

98908-3698

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

Vice President, Nursing & Patient Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 21214066

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mrs. Denise D Fall RN, BSN**

Mailing Address 7509 Se 157Th Ave

City

Portland

State

OR

Zip Code

97236-7830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Salmon Creek Medical Center

Occupation

Nurse Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2013

Transaction ID : 21214067

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mike Glenn**

Mailing Address 834 Sheridan Street

City

Port Townsend

State

WA

Zip Code

98368-2443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jefferson Healthcare

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2013

Transaction ID : 21214068

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. J Scott Graham**

Mailing Address 46035 Geostar Drive N.

City

Grand Coulee

State

WA

Zip Code

99133-8768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coulee Medical Center

Occupation

Chief Executive Officer and Superinten

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2013

Transaction ID : 21214075

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Eric Jensen**

Mailing Address 12844 Military Road South

City State Zip Code  
Tukwila WA 98168-3045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley General Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2013

**Transaction ID : 21214076**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Tom Jensen**

Mailing Address 915 Anderson Drive

City State Zip Code  
Aberdeen WA 98520-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grays Harbor Community Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2013

**Transaction ID : 21214077**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Mr. Josiah Johnson**

Mailing Address 19 Curtis Lane

City State Zip Code  
Longview WA 98632-5377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PeaceHealth St. John Medical Center

Occupation  
CEO/Chief Mission Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2013

**Transaction ID : 21214078**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Glenn Kasman**

Mailing Address 401 14th Avenue SE

City

Puyallup

State

WA

Zip Code

98372-3770

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MultiCare Good Samaritan Hospital

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 21214079

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Eric Lewis**

Mailing Address 939 Caroline Street

City

Port Angeles

State

WA

Zip Code

98362-3909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Olympic Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 21214083

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Ben Lindekugel**

Mailing Address 300 Elliott Avenue West  
Suite 300

City

Seattle

State

WA

Zip Code

98119-4122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Association of WA Public Hospital Dist

Occupation

Director, Member Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 21214084

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Russ Myers**

Mailing Address 2908 Shelton Avenue

City

Yakima

State

WA

Zip Code

98902-4073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 21214085

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Ms. Andrea Nenzel**

Mailing Address 107 East 35th Street

City

Vancouver

State

WA

Zip Code

98663-2206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

Board Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 21214086

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Vincent Oliver**

Mailing Address 1211 24th Street

City

Anacortes

State

WA

Zip Code

98221-2590

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Island Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 21214087

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

875.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kathleen Paul**

Mailing Address P O Box 900

City  
Seattle

State  
WA

Zip Code  
98111-0900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Vice President Communications and Publ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

**Transaction ID : 21214088**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Robin Robertson**

Mailing Address 300 Elliott Avenue West, Suite 300

City  
Seattle

State  
WA

Zip Code  
98119-4122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

Vice President WHS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 21 / 2013

**Transaction ID : 21214089**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Mr. Rob Roth**

Mailing Address 315 MLK Jr Way

City  
Tacoma

State  
WA

Zip Code  
98405-4234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MultiCare Health System

Occupation

Director, MHS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

**Transaction ID : 21214090**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Kurt Schley**

Mailing Address 6311 116th Street Ct. NW

City

Gig Harbor

State

WA

Zip Code

98332-8692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 21214091

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Preston M Simmons**

Mailing Address P O Box 1147

City

Everett

State

WA

Zip Code

98206-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Regional Medical Center Eve

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 21214092

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jon D Smiley**

Mailing Address 1012 South Third Street

City

Dayton

State

WA

Zip Code

99328-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sunnyside Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 21214094

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas R Thompson**

Mailing Address 1689 Fairway Drive NE

City

Moses Lake

State

WA

Zip Code

98837-9160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Samaritan Healthcare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 21214095

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Dale Zender**

Mailing Address 2901 Squalicum Parkway

City

Bellingham

State

WA

Zip Code

98225-1898

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth St. Joseph Medical Center

Occupation

Regional Vice President Finance and Ch

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 21214096

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Ms. Gladys M. Campbell**

Mailing Address 2220 NW Aspen Avenue

City

Portland

State

OR

Zip Code

97210-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Organization of Nurse Execut

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 21214097

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Diane E Cecchetti RN**

Mailing Address 12709 54th Avenue, NW

City

Gig Harbor

State

WA

Zip Code

98332-8853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MultiCare Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 21214098

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Dan Dixon**

Mailing Address 747 Broadway

City

Seattle

State

WA

Zip Code

98122-4379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Swedish Medical Center-Cherry Hill Cam

Occupation

Vice President External Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 21214099

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Dan Harris**

Mailing Address 600 Broadway  
Suite 600

City

Seattle

State

WA

Zip Code

98122-5397

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Swedish Health Services

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 21214100

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Gary Kaplan MD, FACP,**

Mailing Address P O Box 900

City  
Seattle

State  
WA

Zip Code  
98111-0900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Chairman and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2013

**Transaction ID : 21214101**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Richard W Linneweh Jr.**

Mailing Address 2811 Tieton Drive

City  
Yakima

State  
WA

Zip Code  
98902-3799

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 21 / 2013

**Transaction ID : 21214102**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Ms. Julie Petersen**

Mailing Address 155807 West Byron Road

City  
Prosser

State  
WA

Zip Code  
99350-6519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PMH Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2013

**Transaction ID : 21214103**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Claudia R. Sanders**

Mailing Address 4230 - 51st Avenue NE

City  
SeattleState  
WAZip Code  
98105-4931FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

Sr. Vice President, Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2013			

**Transaction ID : 21214104**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Mr. Stephen M. Ahnen**

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

955.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2013			

**Transaction ID : 21214587**

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

**C. Ms. Paula Minnehan**

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2013			

**Transaction ID : 21214588**

Amount of Each Receipt this Period

16.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

811.50

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Leslie K. Melby**

Mailing Address 375 Farrington Colner Road

City

Hopkinton

State

NH

Zip Code

03229-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2013

**Transaction ID : 21214589**

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**B. Ms. Stephanie L Bloom FACHE**

Mailing Address 109 rowan Court

City

Manahawkin

State

NJ

Zip Code

08050-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2013

**Transaction ID : 21215166**

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

**C. Mr. Alfred Campanella**

Mailing Address 104 Pearlcroft Road

City

Cherry Hill

State

NJ

Zip Code

08034-3334

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virtua Health

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2013

**Transaction ID : 21215172**

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

601.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John Doll**

Mailing Address 213 Burns Way

City

Fanwood

State

NJ

Zip Code

07023-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

Vice President of Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2013

**Transaction ID : 21215181**

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**B. Ms. Theresa L. Edelstein**

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2013

**Transaction ID : 21215182**

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**C. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.82

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2013

**Transaction ID : 21215190**

Amount of Each Receipt this Period

6.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

240.50



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sarah Lechner**

Mailing Address 760 Alexander Road

City  
Princeton

State  
NJ

Zip Code  
08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.25

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2013

**Transaction ID : 21215196**

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**B. Mr. Alan R Leiber**

Mailing Address 4 Sun Watch Court

City

Ramsey

State

NJ

Zip Code

07446-2123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Atlantic Health

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2013

**Transaction ID : 21215198**

Amount of Each Receipt this Period

975.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Mimoso FACHE**

Mailing Address 12 Ann Drive

City

Rhinebeck

State

NY

Zip Code

12572-2244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2013

**Transaction ID : 21215201**

Amount of Each Receipt this Period

227.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1209.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James Rivard**

Mailing Address 19 Fountain Court

City State Zip Code  
 Cherry Hill NJ 08034-1149

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virtua Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 25 2013

**Transaction ID : 21215214**

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**B. Mr. Roger D. Sarao Jr.**

Mailing Address 4 Poppy Lane

City State Zip Code  
 Howell NJ 07731-1451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 25 2013

**Transaction ID : 21215215**

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**c. Dr. Joseph A Trunfio PhD**

Mailing Address 10 Eagle Rock Drive

City State Zip Code  
 Boonton Township NJ 07005-9520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Atlantic Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 25 2013

**Transaction ID : 21215223**

Amount of Each Receipt this Period

1300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1631.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Patricia B. McMullin Esq.**

Mailing Address 330 Brookline Avenue

City  
BostonState  
MAZip Code  
02215-5400FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beth Israel Deaconess Medical Center

Occupation

Director of Intergovernmental Relation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2013

**Transaction ID : 21215228**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**B. Ms. Nancy Schmidt**

Mailing Address 2 Castlegate Rd

City  
AmesburyState  
MAZip Code  
01913-4526FEC ID number of contributing  
federal political committee.

C

Name of Employer

Partners HealthCare System, Inc.

Occupation

Vice President Referral Relations &amp; Ad

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2013

**Transaction ID : 21215229**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**C. Mr. Daniel Keenan**

Mailing Address 271 Carew St.

City  
SpringfieldState  
MAZip Code  
01104-2377FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center

Occupation

Senior Vice President Government Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2013

**Transaction ID : 21215230**

Amount of Each Receipt this Period

262.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

787.50

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Edward Kelly**

Mailing Address 14 Prospect Street

City  
Milford

State  
MA

Zip Code  
01757-3090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Milford Regional Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 22 / 2013

Transaction ID : 21215233

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Ms. Judith Melin**

Mailing Address 41 Mall Road

City  
Burlington

State  
MA

Zip Code  
01805-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lahey Hospital & Medical Center, Burli

Occupation

Chief Medical Services Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 22 / 2013

Transaction ID : 21215234

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Mr. Daniel P Moen**

Mailing Address 20 Sandalwood Drive

City  
Wilbraham

State  
MA

Zip Code  
01095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 22 / 2013

Transaction ID : 21215235

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1125.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Stanley Strzempko MD**

Mailing Address 115 West Silver Street

City  
WestfieldState  
MAZip Code  
01085-3628FEC ID number of contributing  
federal political committee.

C

Name of Employer

Noble Hospital

Occupation

Vice President Medical Affairs and Chi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2013

**Transaction ID : 21215237**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Mr. Timothy J Walsh**

Mailing Address P O Box 1477

City

Oak Bluffs

State

MA

Zip Code

02557-1477

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martha's Vineyard Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2013

**Transaction ID : 21215238**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Mr. Alan G. MacDonald**

Mailing Address 92 Bacon Street

City

Winchester

State

MA

Zip Code

01890-2638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hallmark Health System

Occupation

EVP, Strategy &amp; External Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2013

**Transaction ID : 21215239**

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1125.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Bo Beames**

Mailing Address P O Box 1009

City State Zip Code  
Socorro NM 87801-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Socorro General Hospital

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2013

**Transaction ID : 21215259**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Vincent C Caponi**

Mailing Address 8166 Darnley Court

City State Zip Code  
Indianapolis IN 46260-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Health

Occupation  
Board Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2013

**Transaction ID : 21215327**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Blake A Dye**

Mailing Address 2805 W. County Road 250 S.

City State Zip Code  
New Castle IN 47362-9719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Heart Center of Indiana

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2013

**Transaction ID : 21215336**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Stephanie Long**

Mailing Address 11751 N. US 421

City

Monticello

State

IN

Zip Code

47960-7777

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana University Health White Memori

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 25 / 2013

Transaction ID : 21215352

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Paula Swenson**

Mailing Address 2903 Coachman Dr.

City

Valparaiso

State

IN

Zip Code

46385-2990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Catherine Hospital

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 25 / 2013

Transaction ID : 21215374

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Kathryn G. Correia**

Mailing Address 559 Capitol Boulevard, 6-South

City

Saint Paul

State

MN

Zip Code

55103-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthEast Care System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 28 / 2013

Transaction ID : 21215484

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David L Archer**

Mailing Address P O Box 171808

City

Memphis

State

TN

Zip Code

38187-1808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Francis Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 28 / 2013

**Transaction ID : 21215486**

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**B. Mr. Chris Clarke**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Senior Vice President, Center for Pati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.10

Date of Receipt

10 / 28 / 2013

**Transaction ID : 21215487**

Amount of Each Receipt this Period

66.69

Full Name (Last, First, Middle Initial)

**C. Mr. Michael A. Dietrich**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.10

Date of Receipt

10 / 28 / 2013

**Transaction ID : 21215489**

Amount of Each Receipt this Period

66.69

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

933.38



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Chris Giese**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Vice President of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.40

Date of Receipt

10 / 28 / 2013

Transaction ID : 21215490

Amount of Each Receipt this Period

67.20

Full Name (Last, First, Middle Initial)

**B. Mr. James L. Goodloe**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.05

Date of Receipt

10 / 28 / 2013

Transaction ID : 21215491

Amount of Each Receipt this Period

133.35

Full Name (Last, First, Middle Initial)

**C. Mr. Bill Jolley**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Vice-President-Rural Health Issues

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.10

Date of Receipt

10 / 28 / 2013

Transaction ID : 21215492

Amount of Each Receipt this Period

66.69

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

267.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David H. McClure**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

10 / 28 / 2013

Transaction ID : 21215493

Amount of Each Receipt this Period

48.00

Full Name (Last, First, Middle Initial)

**B. Mr. David Neiger**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

VP Accounting/ Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

10 / 28 / 2013

Transaction ID : 21215494

Amount of Each Receipt this Period

48.00

Full Name (Last, First, Middle Initial)

**C. Ms. Gwyn E Walters**

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

VP for Research and Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.10

Date of Receipt

10 / 28 / 2013

Transaction ID : 21215495

Amount of Each Receipt this Period

66.69

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

162.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Kevin J Sexton**

Mailing Address 811 Woodside Parkway

City

Silver Spring

State

MD

Zip Code

20910-4275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Holy Cross Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2013

**Transaction ID : 21217467**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**B. Ms. Beverly L. Miller**

Mailing Address 1906 Autumn Frost Lane

City

Baltimore

State

MD

Zip Code

21209-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Senior Vice President, Quality Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2013

**Transaction ID : 21217470**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael B Robbins**

Mailing Address 4516 Doncaster Drive

City

Ellicott City

State

MD

Zip Code

21043-6767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2013

**Transaction ID : 21217471**

Amount of Each Receipt this Period

510.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1020.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Mark S Rulle**

Mailing Address 106 Stone Point Drive #118

City State Zip Code  
 Annapolis MD 21401-6990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

President, MHEI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

10 / 29 / 2013

**Transaction ID : 21217473**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

## **B. Mr. James J Xinis**

Mailing Address 8430 Meadowview Circle

City State Zip Code  
 Owings MD 20736-9502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Calvert Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

10 / 29 / 2013

**Transaction ID : 21217475**

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Meghan Allen**

Mailing Address 4824 Leland Street

City State Zip Code  
 Chevy Chase MD 20815-6207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

10 / 29 / 2013

**Transaction ID : 21217476**

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1020.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Steven Coyle**

Mailing Address 2902 South Lake Dr.

City

Davidsonville

State

MD

Zip Code

21035-1300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NASA

Occupation

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

10 / 29 / 2013

**Transaction ID : 21217479**

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

**B. Ms Valerie Shearer Overton**

Mailing Address 203 Birch Run Road

City

Chestertown

State

MD

Zip Code

21620-1639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

10 / 29 / 2013

**Transaction ID : 21217482**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**C. Mr. Peter S Fine FACHE**

Mailing Address P O Box 25489

City

Phoenix

State

AZ

Zip Code

85002-5489

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Banner Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 30 / 2013

**Transaction ID : 21218903**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1265.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John R. Denbo**

Mailing Address 803 Cambridge Drive

City State Zip Code  
 Rolla MO 65401-4738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Phelps County Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 30 2013

**Transaction ID : 21218922**

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. Ms. Carolyn Byerly**

Mailing Address 8125 North Hayden Road

City State Zip Code  
 Scottsdale AZ 85258-2463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scottsdale Healthcare

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 30 2013

**Transaction ID : 21222860**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Loretta Bogolin MSN, RN**

Mailing Address 300 Randall Rd

City State Zip Code  
 Geneva IL 60134-4200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Delnor Hospital

Occupation

VP, Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : 21223238**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2100.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Don Calcagno**

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Director, Health Information Svcs.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21223239

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**B. Ms. Maureen A Kahn RN**

Mailing Address 11th & Broadway

City

Quincy

State

IL

Zip Code

62305-7005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blessing Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21223244

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**C. Mr. Brian J Lemon**

Mailing Address 3249 South Oak Park Avenue

City

Berwyn

State

IL

Zip Code

60402-3429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central DuPage Hospital

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21223245

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas Lubotsky**

Mailing Address 2410 Cumberland Circle

City

Long Grove

State

IL

Zip Code

60047-5018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21223246

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**B. Mr Albert Manshum**

Mailing Address 834 Jeanne Ct

City

Grayslake

State

IL

Zip Code

60030-3205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21223247

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Mary Martini**

Mailing Address 1428 Birch Lane

City

South Elgin

State

IL

Zip Code

60177-2995

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Sherman Hospital

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21223248

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Richard Multack**

Mailing Address 2922 Ryan Drive

City

New Lenox

State

IL

Zip Code

60451-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate South Suburban Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21223250

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Scott Powder**

Mailing Address 1775 Dempster

City

Park Ridge

State

IL

Zip Code

60068-1143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Lutheran General Hospital

Occupation

SVP, Strategic Planning & Growth

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21223251

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Debra Susie-Lattner**

Mailing Address 407 N. Oak Street

City

Mount Prospect

State

IL

Zip Code

60056-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Condell Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21223253

Amount of Each Receipt this Period

250.00

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**TOTAL** This Period (last page this line number only)..... ►

1300.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Shastri Swaminathan**

Mailing Address 836 West Wellington Avenue

City

Chicago

State

IL

Zip Code

60657-5147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Illinois Masonic Medical Cent

Occupation

Chairman Psychiatry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21223254

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Mr. Michael Vivoda**

Mailing Address 25 North Winfield Road

City

Winfield

State

IL

Zip Code

60190-1295

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cadence Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21223256

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Meghan K Woltman**

Mailing Address 1509 North Hudson  
#3

City

Chicago

State

IL

Zip Code

60610-5833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Vice President Government and Communit

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21223257

Amount of Each Receipt this Period

300.00

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**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Randy A. Varju**

Mailing Address 605 Ridgfield Road

City

New Lenox

State

IL

Zip Code

60451-3339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Chief Development Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21223333

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. James R Pancoast**

Mailing Address 40 West Fourth Street

City

Dayton

State

OH

Zip Code

45402-1840

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Health Partners

Occupation

President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21224519

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mark Shaker**

Mailing Address 423 Glendora Avenue

City

Dayton

State

OH

Zip Code

45409-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Good Samaritan Hospital

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21228185

Amount of Each Receipt this Period

500.00

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2050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Eloise Broner**

Mailing Address 2308 Briggs Road

City

Centerville

State

OH

Zip Code

45459-6621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Good Samaritan Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21228190

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Clifford R. Lehman**

Mailing Address 448 Strathaven

City

Findlay

State

OH

Zip Code

45840-7468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Hospital Association

Occupation

Senior Vice President Services & Opera

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21228191

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Dale Creech Jr.**

Mailing Address 1381 Quaker Way

City

Dayton

State

OH

Zip Code

45458-2772

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Miami Valley Hospital

Occupation

Vice President/Chief Legal Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21246941

Amount of Each Receipt this Period

250.00

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**TOTAL** This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Bryan D Hehemann**

Mailing Address 25 Hunter Woods Dr

City  
OxfordState  
OHZip Code  
45056-9040FEC ID number of contributing  
federal political committee.

C

Name of Employer

McCullough-Hyde Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : 21249113

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

**B. Dr. Donald S Sheldon MD**

Mailing Address 630 East River Street

City  
ElyriaState  
OHZip Code  
44035-5902FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMH Elyria Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : 21250895

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Louge**

Mailing Address 1995 Sherborne Lane

City  
PowellState  
OHZip Code  
43065-8555FEC ID number of contributing  
federal political committee.

C

Name of Employer

OhioHealth

Occupation

Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : 21250899

Amount of Each Receipt this Period

250.00

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TOTAL This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas Duncan**

Mailing Address 10267 Cherry Tree Terrace

City

Dayton

State

OH

Zip Code

45458-9431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Good Samaritan Hospital

Occupation

Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : 21250909**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Michael J Maiberger**

Mailing Address 3130 North Dixie Highway

City

Troy

State

OH

Zip Code

45373-1337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Health Partners

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : 21250918**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Mr. Raymond Braun**

Mailing Address 1482 Wayne Ave

City

Lakewood

State

OH

Zip Code

44107-3423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospitals

Occupation

Vice President , Facilities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : 21250948**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Peter S Brumleve**

Mailing Address 26400 George Zeiger Dr

City

Beachwood

State

OH

Zip Code

44122-7510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospitals

Occupation

Chief Marketing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21250949

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Brent Carson**

Mailing Address 1783 Farris Garden Path

City

Westlake

State

OH

Zip Code

44145-2067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospitals Case Medical Cent

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21250950

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Don F. Paulson**

Mailing Address 13425 Longspur Ct.

City

Valley View

State

OH

Zip Code

44125-5449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospital

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 21250951

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Maria Kamenos**

Mailing Address 13155 Meadowwood Dr

City

Chardon

State

OH

Zip Code

44024-8934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospitals

Occupation

Vice President- Case Medical Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : 21250953**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Melinda Reid Hatton**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President & General Course

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR1045726228973**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. David Schulke**

Mailing Address 155 N. Wacker Dr.

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR1057462128973**

Amount of Each Receipt this Period

38.47

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

365.41



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Sarah B. Macchiarola**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR1082532728973

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Barbara Jellen**

Mailing Address 206 N Royal St

City Alexandria State VA Zip Code 22314-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR1113464228973

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Lisa Allen**

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Chief Human Resour

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

Transaction ID : PR1118928228973

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Dale A Kirby MHA**

Mailing Address P O Box 331

City

Colusa

State

CA

Zip Code

95932-0331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1125892328973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Mary Meadows**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1260472928973

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Jack A. Mackay**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1347703628973

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

142.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Susan Gergely**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director of Operations, AONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1347791028973

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Heather Drevna**

Mailing Address 3205 Ravensworth PL

City

Alexandria

State

VA

Zip Code

22302-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Advocacy and Member Communica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1348169728973

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Sharon Allen**

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1474886228973

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark Colucci**

Mailing Address 1061 N Penny Ln

City

Palatine

State

IL

Zip Code

60067-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

National Director Sponsorship and Unde

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1475133728973

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Fannie D. Wade**

Mailing Address 7706 Heartwood Lane

City

Upper Marlboro

State

MD

Zip Code

20772-4323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1476385728973

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mrs. Stephanie H Drake**

Mailing Address 155 N. Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1492459928973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

142.36

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Monica D Day**Mailing Address 4321 Telfair Blvd  
D319

City	State	Zip Code
Suitland	MD	20746-4271

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : PR1516850628973**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Elisa Arespachaga**

Mailing Address One North Franklin

City	State	Zip Code
Chicago	IL	60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director, Constituency Secti

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : PR1555656228973**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Kathy Poole**

Mailing Address One North Franklin

City	State	Zip Code
Chicago	IL	60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Governance Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : PR1589439928973**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

80.82

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kimberly Baker**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director Travel Meeting Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1590809128973**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Bob Kehoe**

Mailing Address 155 N Wacker Dr Fl 7

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1625368328973**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Bill Ladewski**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Membership Associate, Center for Health

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1625369128973**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.82

**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Monique Showalter**

Mailing Address One North Franklin

City	State	Zip Code
Chicago	IL	60606-3436

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Marketing AHA Solutions, Inc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : PR1625602228973

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Stephen Hines**

Mailing Address 155 North Wacker Drive

City	State	Zip Code
Chicago	IL	60606-1709

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP, Research HRET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : PR1648726628973

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Erik Rasmussen**Mailing Address 325 Seventh Street, NW  
Suite 700

City	State	Zip Code
Washington	DC	20004-2801

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : PR1819487928973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Aimee Kuhlman**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Fed. Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1877582328973

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Shari Dexter**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Political Action

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.04

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1878189828973

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Joanna Kim**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1913190528973

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

92.36



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Evelyn Knolle**

Mailing Address 325 Seventh Street, NW

City  
Washington

State Zip Code  
DC 20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy -TR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1913190728973**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Kathleen Jarvie**

Mailing Address 155 North Wacker Drive

City  
Chicago

State Zip Code  
IL 60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Staff Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1936378428973**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Janet Henderson**

Mailing Address 155 North Wacker Drive

City  
Chicago

State Zip Code  
IL 60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR1937843128973**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

96.96

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Diane Jones**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr Assoc Dir Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

10 / 31 / 2013

Transaction ID : PR1943461528973

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Linda Fishman**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR327629128973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. Michael P. McCue**

Mailing Address 122 N. Greenwood Avenue

City State Zip Code  
Park Ridge IL 60068-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR327771628973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

192.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Suzanne R. Sonik**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

10 / 31 / 2013

Transaction ID : PR327777228973

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Debra J. Stock**

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR327777828973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Neil Jesuele**

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

10 / 31 / 2013

Transaction ID : PR327801728973

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

153.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Pamela Austin Thompson RN, MSN**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Chief Executive Officer, AONE &amp; Sr. Vi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR327812028973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Joan H. Lewis**

Mailing Address 6034 North 22nd Street

City State Zip Code  
Arlington VA 22205-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR327831728973

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Robert J. Donovan**

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Meetings &amp; Travel Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

Transaction ID : PR327846228973

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

142.36

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Ellen A. Pryga**

Mailing Address 2401 Calvert Street, NW  
Apt. 1008

City State Zip Code  
Washington DC 20008-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

10 / 31 / 2013

Transaction ID : PR327851928973

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Mark Seklecki**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR327858028973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. John F. Barry**

Mailing Address One North Franklin

City State Zip Code  
Millis MA 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR327877828973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

192.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. George F. Bergstrom**

Mailing Address 130 North Garland Court  
#3002

City State Zip Code  
Chicago IL 60602-4750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR327895728973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Eileen M. Collins Offner**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR327906128973

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Judy Williams**

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR327918928973

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Richard J. Umbdenstock**

Mailing Address 325 Seventh Street, NW  
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR328132828973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Barbara Lorsbach**

Mailing Address 204 7th Ave

City	State	Zip Code
La Grange	IL	60525-6406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR328136928973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Donna J. Melkonian**

Mailing Address 5545 North Wayne

City	State	Zip Code
Chicago	IL	60640-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : PR328223828973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Ron O. Purcell**

Mailing Address 1093 N. Faldo Way

City  
Eagle

State  
ID

Zip Code  
83616-5369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR328241428973**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Richard J. Pollack**

Mailing Address 3475 North Venice Street

City  
Arlington

State  
VA

Zip Code  
22207-4446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR328260928973**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**c. Carla J Luggiero**

Mailing Address 325 7th St Nw  
Suite 700

City  
Washington

State  
DC

Zip Code  
20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Fed Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.23

Date of Receipt

10 / 31 / 2013

**Transaction ID : PR328490128973**

Amount of Each Receipt this Period

19.26

P/R Deduction (\$9.63 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

173.14

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Carolyn Forcina**

Mailing Address 200 Clover Hill Court

City  
Yardley

State  
PA

Zip Code  
19067-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR328511828973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Alicia N. Mitchell**

Mailing Address 1501 N. Harrison Street

City  
Arlington

State  
VA

Zip Code  
22205-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR328512028973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **c. Mr. George Arges**

Mailing Address One North Franklin St.

City  
Chicago

State  
IL

Zip Code  
60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director, Health Data Managemen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

10 / 31 / 2013

Transaction ID : PR328641128973

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

192.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 136

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Anthony S Burke**

Mailing Address 155 N Wacker Dr

City State Zip Code  
 Chicago IL 60606-1709

FEC ID number of contributing federal political committee.

C

Name of Employer  
 American Hospital Association-Chicago

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR328913328973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Rebecca Chickey**

Mailing Address One North Franklin Street

City State Zip Code  
 Chicago IL 60606-4425

FEC ID number of contributing federal political committee.

C

Name of Employer  
 American Hospital Association-Chicago

Occupation  
 SPSA Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR329013428973

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Dr. John R. Combes**

Mailing Address One North Franklin

City State Zip Code  
 Chicago IL 60606-3436

FEC ID number of contributing federal political committee.

C

Name of Employer  
 American Hospital Association-Chicago

Occupation  
 President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 31 2013

Transaction ID : PR329071328973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

192.36

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 115 OF 136

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Robyn L. Bash**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

10 / 31 / 2013

Transaction ID : PR329084428973

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. W. Thomas Deweese**

Mailing Address 500 Interstate Boulevard South

City State Zip Code  
Nashville TN 37210-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR329215728973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. John Evans**

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR329342628973

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

142.36

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

PAGE 116 OF 136

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Patricia Meersman**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2013					

Transaction ID : PR330343328973

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas Misfeldt**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2013					

Transaction ID : PR330411628973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Maureen D. Mudron**Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2013					

Transaction ID : PR330465228973

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

142.36

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Paul N. Muraca**

Mailing Address 4960 138th Circle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR330475428973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Gene O'Dell**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

10 / 31 / 2013

Transaction ID : PR330547728973

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Eileen O'Keefe**

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR330549228973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

192.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Anthony Spohn**

Mailing Address 3219 N. Oriole

City

Chicago

State

IL

Zip Code

60634-3232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, Associate Membersh

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

10 / 31 / 2013

Transaction ID : PR331098328973

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Debi H. Tucker Esq.**

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, State Issues Forum

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

10 / 31 / 2013

Transaction ID : PR331278828973

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Darlene S. Vanderbush**

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 31 / 2013

Transaction ID : PR331304228973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

153.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Jo Ann Webb**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr. Director Federal Relations & Polic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR331379128973**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Judy Weinsheimer**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR331386928973**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Dale Woodin**

Mailing Address 800 W. Central Road

City State Zip Code  
Arlington Heights IL 60005-2349

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, ASHE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : PR331481328973**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

80.82

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Megan Cundari**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR518031928973

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Laura M. Werner**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR560101528973

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Carlos Jackson**

Mailing Address 325 Seventh Street, NW

City Washington State DC Zip Code 20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

Transaction ID : PR566280928973

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.90



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Ashley B. Thompson**

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2013					

**Transaction ID : PR766023728973**

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Rochelle M. Archuleta**Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.87

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2013					

**Transaction ID : PR801366328973**

Amount of Each Receipt this Period

26.94

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Lisa Kidder Hrobsky**Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.04

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2013					

**Transaction ID : PR876637228973**

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

142.36

**TOTAL** This Period (last page this line number only)..... ►

97300.41

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 136

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Wisconsin Hospital Association Federal PAC**

Mailing Address 5510 Research Park Drive  
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing federal political committee. **C** C00422881

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 21 / 2013

Transaction ID : 21208416

Amount of Each Receipt this Period

1600.00

Full Name (Last, First, Middle Initial)

**B. Texas Hospital Association HOSPAC - Federal**

Mailing Address P.O. Box 15587

City Austin State TX Zip Code 78761-5587

FEC ID number of contributing federal political committee. **C** C00301325

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

53000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 29 / 2013

Transaction ID : 21218620

Amount of Each Receipt this Period

9000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

10600.00

TOTAL This Period (last page this line number only)..... ►

10600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. TD Bank**

Mailing Address 901 Seventh Street, NW

City  
Washington

State Zip Code  
DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2045.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : 21251628**

Amount of Each Receipt this Period

243.42

Interest Earned

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

243.42

243.42

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address Ste. 001

City Chicago      State IL      Zip Code 60679

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2013
**Transaction ID : 21251625**

Amount of Each Disbursement this Period

19.50

Merchant Fees

Full Name (Last, First, Middle Initial)

**B. Paymentech**Mailing Address 14221 Dallas Parkway  
Building Two

City Dallas      State TX      Zip Code 75254

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2013
**Transaction ID : 21251626**

Amount of Each Disbursement this Period

32.50

Merchant Fees

Full Name (Last, First, Middle Initial)

**C. Newtek Merchant Solutions**

Mailing Address 744 N 4th Street

City Milwaukee      State WI      Zip Code 53203

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2013
**Transaction ID : 21251627**

Amount of Each Disbursement this Period

100.81

Merchant Fees

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►
152.81  
152.81

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Jeff Duncan For Congress**

Mailing Address PO Box 845

City	State	Zip Code
Laurens	SC	29360

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jeff Duncan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2013

**Transaction ID : 21206138**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Marcia Fudge For Congress**

Mailing Address 3729 Silsby Rd

City	State	Zip Code
University Heights	OH	44118

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Marcia L. Fudge**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2013

**Transaction ID : 21206145**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Van Hollen For Congress**

Mailing Address 10537 St. Paul St.

City	State	Zip Code
Kensington	MD	20895

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Chris Van Hollen**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2013

**Transaction ID : 21206150**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Responsibility and Freedom Work PAC**

Mailing Address PO Box 196

City	State	Zip Code
Tupelo	MS	38802

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Responsibility and Freedom Work PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2013

**Transaction ID : 21206159**

Amount of Each Disbursement this Period

1000.00
---------

2013 Contribution

Full Name (Last, First, Middle Initial)

**B. Citizens For Cochran**

Mailing Address PO Box 7183

City	State	Zip Code
Tupelo	MS	38802

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Thad Cochran**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: MS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

**Transaction ID : 21208041**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Montanans For Tester**

Mailing Address PO Box 1135

City	State	Zip Code
Helena	MT	59624

Purpose of Disbursement  
2018 Contribution

011

Candidate Name

**Sen. Jon Tester**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2018
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

**Transaction ID : 21208043**

Amount of Each Disbursement this Period

1000.00
---------

2018 Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
---------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Jim Clyburn**

Mailing Address Post Office Box 12567

City	State	Zip Code
Columbia	SC	29211

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. James E. Clyburn**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

**Transaction ID : 21208044**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Graves For Congress**

Mailing Address 2345 Grand, Suite 2400

City	State	Zip Code
Kansas City	MO	64108

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Samuel B. Graves Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

**Transaction ID : 21208045**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Poe For Congress**

Mailing Address P.O. Box 14222

City	State	Zip Code
Humble	TX	77347

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Ted Poe**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

**Transaction ID : 21208047**

Amount of Each Disbursement this Period

500.00
--------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. GOAL PAC: Grassroots Organizing, Acting and Leading PAC**

Mailing Address PO Box 30344

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**GOAL PAC: Grassroots Organizing, Acting and Leading PAC**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

**Transaction ID : 21208049**

Amount of Each Disbursement this Period

1000.00
---------

2013 Contribution

Full Name (Last, First, Middle Initial)

**B. Jobs, Opportunity & Education, PAC (JOEPAC)**

Mailing Address 84-54 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Jobs, Opportunity & Education, PAC (JOEPAC)**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

**Transaction ID : 21208051**

Amount of Each Disbursement this Period

2000.00
---------

2013 Contribution

Full Name (Last, First, Middle Initial)

**C. Kelly PAC**

Mailing Address PO Box 233

City	State	Zip Code
Nashua	NH	03061

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Kelly PAC**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

**Transaction ID : 21208080**

Amount of Each Disbursement this Period

1000.00
---------

2013 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
---------



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Jason Smith For Congress**

Mailing Address PO Box 1324

City	State	Zip Code
Cape Girardeau	MO	63702

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jason Smith**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

**Transaction ID : 21208082**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City	State	Zip Code
New York	NY	10016

Purpose of Disbursement  
2016 Contribution

Candidate Name

**Sen. Charles E. Schumer**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

**Transaction ID : 21208085**

Amount of Each Disbursement this Period

1000.00
---------

2016 Contribution

Full Name (Last, First, Middle Initial)

**C. Rock City PAC**

Mailing Address 1015 Stonebridge Park Drive

City	State	Zip Code
Franklin	TN	37069

Purpose of Disbursement  
2013 Contribution

Candidate Name

**Rock City PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

**Transaction ID : 21208086**

Amount of Each Disbursement this Period

2500.00
---------

2013 Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
---------

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. People For Derek Kilmer**

Mailing Address PO Box 1574

City	State	Zip Code
Gig Harbor	WA	98335

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Derek Kilmer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

**Transaction ID : 21208087**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Citizens To Elect Rick Larsen**

Mailing Address PO Box 326

City	State	Zip Code
Everett	WA	98206

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Rick Larsen**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

**Transaction ID : 21208089**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Ribble For Congress**

Mailing Address PO Box 7200

City	State	Zip Code
Appleton	WI	54912

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Reid J. Ribble**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

**Transaction ID : 21208090**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Jim Gerlach For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2013

Mailing Address PO Box 87

City	State	Zip Code
Uwchland	PA	19480

**Transaction ID : 21218916**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. James W. Gerlach**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 06

Contribution

Full Name (Last, First, Middle Initial)

**B. Bill Owens For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2013

Mailing Address PO Box 1575

City	State	Zip Code
Plattsburgh	NY	12901

**Transaction ID : 21218918**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Bill Owens**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 21

Contribution

Full Name (Last, First, Middle Initial)

**C. Pallone For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2013

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

**Transaction ID : 21218919**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Rep. Frank Pallone Jr.**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 06

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Schiff For Congress**

Mailing Address 777 S. Figueroa St., Ste. 4050

City	State	Zip Code
Los Angeles	CA	90017

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Adam B. Schiff**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2013

**Transaction ID : 21218920**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**B. CAMPAC: Continuing a Majority Party Action Cmte**Mailing Address 5915 Eastman Avenue  
Suite 100

City	State	Zip Code
Midland	MI	48640

Purpose of Disbursement  
2013 Contribution

Candidate Name

**CAMPAC: Continuing a Majority Party Action Cmte**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2013

**Transaction ID : 21218921**

Amount of Each Disbursement this Period

5000.00
---------

2013 Contribution

Full Name (Last, First, Middle Initial)

**C. Bill Foster For Congress Committee**

Mailing Address P.O. Box 9104

City	State	Zip Code
Aurora	IL	60598

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Bill Foster**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

**Transaction ID : 21218992**

Amount of Each Disbursement this Period

1500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 134 OF 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ruben Hinojosa For Congress**

Mailing Address 10125 N. 10th Street, Suite E

City McAllen	State TX	Zip Code 78504
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Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Ruben Hinojosa**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

**Transaction ID : 21218993**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Whitfield For Congress Committee**

Mailing Address P.O. Box 391

City Hopkinsville	State KY	Zip Code 42241
----------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Edward Whitfield**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

**Transaction ID : 21218994**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Follow the North Star Fund**Mailing Address 316 E Hennepin Ave  
Suite 201

City Minneapolis	State MN	Zip Code 55414
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Purpose of Disbursement  
2013 Contribution

Candidate Name

**Follow the North Star Fund**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

**Transaction ID : 21218995**

Amount of Each Disbursement this Period

1000.00
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2013 Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 135 OF 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Heartland Values PAC**

Mailing Address P.O. Box 505

City	State	Zip Code
Sioux Falls	SD	57101

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Heartland Values PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

**Transaction ID : 21218996**

Amount of Each Disbursement this Period

1000.00
---------

2013 Contribution

Full Name (Last, First, Middle Initial)

**B. Hoosiers First PAC**

Mailing Address 215 South St. Joseph Street - Suit

City	State	Zip Code
South Bend	IN	46601

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Hoosiers First PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

**Transaction ID : 21218997**

Amount of Each Disbursement this Period

1000.00
---------

2013 Contribution

Full Name (Last, First, Middle Initial)

**C. Nutmeg PAC**

Mailing Address 777 Summer Street

City	State	Zip Code
Stamford	CT	06903

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

**Transaction ID : 21218998**

Amount of Each Disbursement this Period

1000.00
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2013 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 136 OF 136

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. New PAC**

Mailing Address P.O. Box 7480

City  
VisaliaState  
CAZip Code  
93290Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**New PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

**Transaction ID : 21218999**

Amount of Each Disbursement this Period

1500.00
---------

2013 Contribution

Full Name (Last, First, Middle Initial)

**B. Neil Riser Campaign Inc**

Mailing Address PO Box 1376

City  
West MonroeState  
LAZip Code  
71294Purpose of Disbursement  
Contribution

011

Candidate Name

**Hartwell Riser Jr**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: LA

District: 05

Runoff2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

**Transaction ID : 21219000**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

52500.00